

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 797914504 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		4		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
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TOTAL IND.			2			
TOTAL DEP.			19			
TOTAL CLAIMS			21			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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